Oak Ridge Operations Office

memorandum

January 10, 2003 DATE:

REPLY TO

AD-442:Stotelmyer ATTN OF:

LEAVE DONATION SOLICITATIONS SUBJECT:

All ORO, YSO, and OSTI Employees TO.

> The following employees of the National Energy Technology Laboratory have been approved for extensions as leave recipients under the Voluntary Leave Transfer Program:

- Mr. Shreekant Malvadkar experienced complications due to additional chemotherapy which requires him to be out of the office for an extended period of time. He is scheduled to return to work the end of February.
- Mr. Scot Plum was diagnosed with a severe staph infection and underwent emergency surgery. Additional surgery has now become necessary, and Mr. Plum will not return to work until the end of January.
- Mr. Gary Walker underwent autogous stem cell transplant on June 2, and he is continuing monthly treatments which require him to be out of the office.

Employees who wish to donate earned annual leave may do so by completing the "Leave Donation Form" attached to this announcement. Please be sure to include the name of the employee to whom you are making a donation in the "Recipient's Name" block on the form. When completed, the form should be given to your time and attendance representative for forwarding to the Payroll Office. If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

- 1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
- The maximum annual leave donation by an employee is limited to one half the number of hours the donating employee will earn in the current leave year (26-day category – 104 hours; 20-day category - 80 hours; 13-day category - 52 hours).

If you have any questions, please contact your Human Resources Specialist.

Personnel and Management **Analysis Branch**

DOE F 3630.1 (07-89) Replaces DOE F (3660.1) U.S. DEPARTMENT OF ENERGY LEAVE DONATION		
(Submit completed and signed original form to your timekeeper)		
Donor's Name (Last, First, M.I.)	SSN	Donor's Organization
Recipient's Name	Recipient's Organization U.S. Department of Energy National Energy Technology Laboratory	
For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office		
I hereby authorize the transfer of hours of my annual leave to the above named leave recipient, I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.		
Donor's Signature Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account).		
FOR PAYROLL USE		
hours of leave has been deducted from donor's account	Name of Payroll Clerk	FTS Phone No.
Signature of Payroll Clerk Date		
hours of leave has been deducted from donor's account	Name of Payroll Clerk	FTS Phone No.
		Date
Acceptance of this donation is necessary to avoid placing the recipier are therefore	nt on leave without pay, and the limit fore waived.	ations imposed by 5 CFR 630.908
Signature of Payroll Clerk		Date
Privacy Act Statement 5115 C 6311 authorizes collection of this information. It will be used to transfer law for the first statement.		

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.